Maternal and Child Health Priority Overview
Long Acting Reversible Contraception (LARC)

Unintended pregnancies are linked with a number of negative health and economic consequences.[1] Because nearly half of all pregnancies in the United States are unintended, the Healthy People 2020 target for the nation is to increase the proportion of pregnancies that are intended from the current level of 51.3% (2016) to 56.0% (2020).[1]

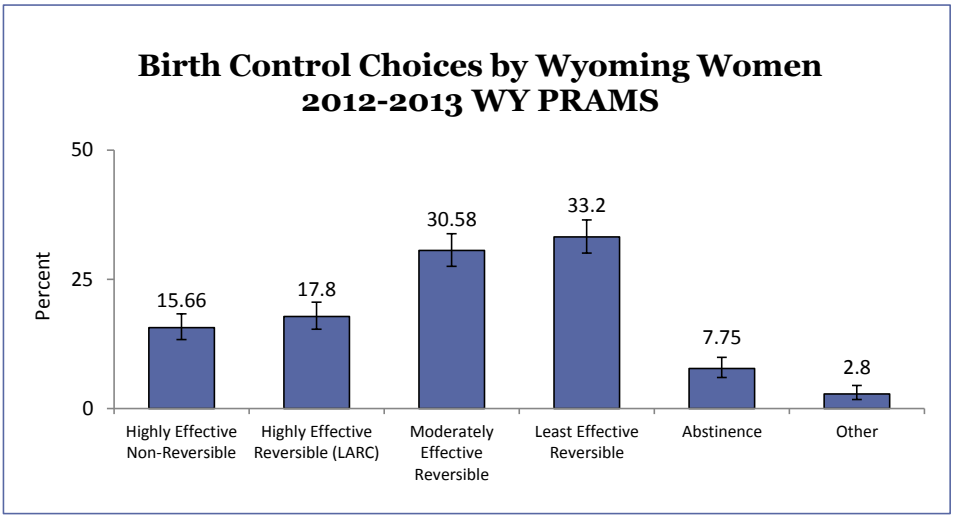
Healthy People 2020 also set a goal that all women aged 15-44 years will adopt or continue use of the *most* effective or *moderately* effective method of contraception.[1]

In 2015, the Wyoming Department of Health, Maternal and Child Health (MCH) Unit selected "*improve access to and use of effective family planning*" as a 2016-2020 state priority. Early efforts to address this new priority will include providing resources and support to hospitals to increase capacity to provide immediate post-partum long acting reversible contraception (LARC). LARC methods include the intrauterine device (IUD) and the birth control implant.

LARC Use in Wyoming

PRAMS Data (2012-2013) illustrate the use of contraceptive choices during the post-partum period; defined as the period following delivery of the infant, lasting until about 6 weeks after birth. In 2012-2013, 17.8% of Wyoming women reported LARC use. Variations in LARC use can be seen by age, marital, and insurance status.

- Younger women (15-24) were more likely to be LARC users (43.1%) than older women (21.7%).
- Unmarried women were more likely to use LARC (24.2%) than married women (14.6%).
- Women who had their prenatal care covered by Medicaid were more likely to use LARC (24.3%) than women with other types of insurance or no insurance (12.8%).
- LARC use was 17.7% for White women and 16.9% for Native American women.
- There was no difference in LARC use by Hispanic ethnicity or levels of maternal education.

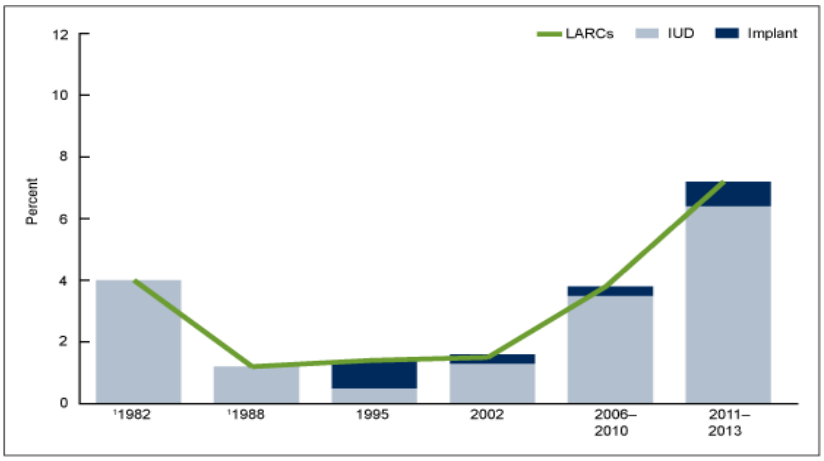


*Methods were categorized based upon the CDC's "Effectiveness of Family Planning Methods" format.[2] Totals will not add to 100% as some women report using more than one method of birth control.

Highly Effective Non-Reversible: Tubal Ligation, Vasectomy.
Highly Effective Reversible: Implant, Intrauterine Device (IUD) (LARC).
Moderately Effective Reversible: Injectable, Birth Control Pill, Patch, Ring, Diaphragm.
Least Effective Reversible: Male/Female Condom, Sponge, Spermicide, Withdrawal, Fertility Awareness-Based Methods.

Maternal and Child Health Priority Overview
Long Acting Reversible Contraception (LARC)

Trends in current long-acting contraceptive use, by device, United States [4]



The Association of State and Territorial Health Officials [3] report that the following barriers may present challenges for women who wish to use LARC.

Patient Barriers [3]

- General lack of awareness about effectiveness and safety.
- Substantial up-front costs.

Provider Barriers [3]

- Lack of provider knowledge on medical eligibility.
- Lack of confidence about device placement.
- Misperceptions and misinformation about required testing prior to placement.

Systemic Barriers [3]

- High costs that may not be fully covered by insurance.
- The need for multiple visits to conduct the initial medical exam, device insertion, and follow-up.
- Provider ability/willingness ability to stock LARC due to challenges in reimbursement

Trends in LARC Use: U.S. and Wyoming

LARC use is trending upwards from the early 2000's nation-wide (graph at left).[4]

A recent CDC study on LARC use showed substantial variation by state. For women of reproductive age (18-44) LARC use ranged from 5.5% to 18.9%. For women who recently gave birth to a live-born infant, post-partum LARC use varied from 6.9% to 30.5%.[5]

Data from 2012-2013 Wyoming PRAMS reports the use of LARC at 17.8%, with IUD use (18.2%) higher than contraceptive implant (4.2%) among women with a recently delivered a live-born infant.

Information about strategies to address LARC use is available from the National Institute for Children's Health Quality.[6]

Wyoming Department of Health

For more information:

Maternal and Child Health
Wyoming Department of Health
6101 Yellowstone Road, Suite 420
Cheyenne, WY 82002

Phone: (307) 777-6921
Fax: (307) 777-8687
E-mail: mchinfo@wyo.gov

References and Resources:

1. U.S. Department of Health and Human Services. About Healthy People. Accessed 08/01/2016 at https://www.healthypeople.gov/2020/topics-objectives
2. Centers for Disease Control and Prevention (CDC) Division of Reproductive Health. Effectiveness of Family Planning Methods. Accessed 08/03/2016 at http://www.cdc.gov/reproductivehealth/contraception/index.htm
3. Association of State and Territorial Health Officials 2014. Fact Sheet. Long-Acting Reversible Contraception. Accessed 08/01/2016 at http://www.astho.org/LARC-Fact-Sheet/
4. Branum AM & Jones J. (2015) Trends in Long-acting Reversible Contraception Use Among U.S. Women aged 15-44. Data Brief. National Center for Health Statistics. Accessed 08/04/2016 at http://www.cdc.gov/nchs/data/databriefs/db188.htm
5. Boulet SL, D'Angelo DV, Morrow B, et al. Contraceptive Use Among Nonpregnant and Postpartum Women at Risk for Unintended Pregnancy, and Female High School Students, in the Context of Zika Preparedness—United States, 2011-2013 and 2015. *MMWR* Morb Mortal Wkly Rep 2016:65(30) 780-787. DOI: http://dx.doi.org/10.15585/mmwr.mm6530e2
6. National Institute for Children's Health Quality 2016. Strategies to Increase Access to Long-Acting Reversible Contraception (LARC) in Medicaid. Accessed 08/01/2016. Available at: http://www.nichq.org/childrens-health/infant-health/resources/strategies_to_increase_access_to_long_acting_reversible_contraception